



SCRAP METAL PROCESSORS LICENSE APPLICATION

Baltimore County, Maryland
Department of Permits, Approvals and Inspections
County Office Building, Room 101
111 West Chesapeake Avenue
Towson, MD 21204
410-887-3616

New Renewal

FIVE YEAR LICENSING PERIOD: ENDING DECEMBER 31, _____

Fees: Application Fee: \$200.00 5 Year Licensing Fee: \$500.00

Complete the attached "Section 21-20-105 Data Form" for each applicant, associate, partner, corporate officer, corporate director and each officer and director of a corporation owning more than 10% of the applicant's business. Attach a copy of all organizational documents: Partnership Agreement, Articles of Organization, Etc.

Business Form: Sole Proprietorship; Partnership; Association; Corporation; LLC; Other

If "Other" is checked, describe the business form: _____

Trade Name _____ **Business Phone No.** _____

Business Address: _____ **Zip Code** _____

Business Mailing Address: _____ **Zip Code** _____
If different from business address

Type of Facility: _____

Type of Scrap Metal Collected: _____

Name, address and telephone number of any corporation owning more than 10% of the applicant's business:

Location and Address of each off-site storage facility: _____

Applicant First Name: _____ **Applicant Last Name** _____

Signature of Applicant _____ **Date** _____

OFFICE USE ONLY

License No. _____

Application Fee Paid: \$200 Cash Receipt No. _____ **Cash Receipt Date** _____

License Fee Paid \$500 Cash Receipt No. _____ **Cash Receipt Date** _____

Date Issued _____ **Data Entered** _____ **By** _____

Rev 10/15



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Section 21-20-105 Data Form

Applicant name: _____

Full name: _____

Relationship to applicant (Circle all that apply): sole applicant, associate, partner, corporate officer, corporate director, officer of a corporation owning more than 10% of applicant's business or director of corporation owning more than 10% of applicant's business

Address: _____

Maiden name: _____

Aliases used previously: _____

Names you have previously been known by: _____

Social Security No.: _____ **Residence phone number:** _____

Business phone number(s) for last three (3) years (indicate time period for each number): _____

Business address: _____

Attach copy of government-issued photograph identification card or driver's license.

NOTARIZED STATEMENT

State of _____ County

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me, a Notary Public of the

State of _____, personally appeared _____ who acknowledged himself to be related to the Applicant or the sole applicant for a license to be a scrap metal processor in accordance with Article 21, Title 20 of the Baltimore County Code, 2003 and affirmed under penalties of perjury that the contents of the application for a license to be a scrap metal processor are true to the best of his or her knowledge, information and belief.

WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires:
